

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 583227

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1		1			
15	1					
16	1		1			
17		1		1		
18	1					
19	1					
20	1					
21		2				
22		0				
23	1					
24	1		1			
25		2		1		
26		2		1		
27	1		1			
28	1					
29		0				
30	1					
31	1					
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33	1					
34	1					
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36	1					
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41	1					
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48						
49						
50						
TOTAL IND.	22	↓	5	↓		↓
TOTAL DEP.	22	←	15	←		←
TOTAL CLAIMS	44		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						